In June and July of 2006, the U.S. Food and Drug Administration and Health Canada granted approval for Gardasil, a quadrivalent recombinant vaccination for Human papillomavirus (HPV) types 6, 11, 16 and 18. This vaccine garnered attention in the United States and Canada even before its approval because of the causal relationship between HPV and cervical cancer. This research project sought to reveal how the societal characteristics of Canada and the United States, such as universal versus tandem public-private healthcare, and varying legislation for direct-to-consumer advertising, directly impact the reception of this vaccine in each country. The methodology of this study included a thematic content analysis of newsprint media coverage from regional and nationally circulated newspapers. It was observed that any discussion of the HPV vaccine in the United States was entangled in politics whereas in Canada it remained a cost-benefit analysis from a public health perspective. This topic is situated within the realm of health geography as it compares how public health discussions are framed by jurisdictional characteristics.